

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS69AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/14/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALTA CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2007 ALTA DRIVE LAS VEGAS, NV 89106</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28381</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 12/14/2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness/ and or chronic illness, Category 1 residents. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed.</p> <p>The facility received a survey grade of A.</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/14/2009, the facility failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 ).  Findings include: Employee #3 has no two-step TB test.  This was a repeat deficiency from the 08/06/2009 State Licensure survey.  Severity: 2 Scope: 3	Y 103		
Y 528 SS=C	449.260(1)(c) Activities for Residents  NAC 449.260 1. The caregivers employed by a residential facility shall: (c) Plan recreational opportunities that are suited to the interests and capacities of the residents.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation and interview on 12/14/2009, the facility failed to provide at least ten (10) hours each week of recreation and activities that were suitable to the interests and capacities of the residents.  This is a repeat deficiency from the 08/06/2009	Y 528		

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Y 528	Continued From page 2 survey.  Severity 1 Scope 3	Y 528			
Y 883 SS=D	449.2742(7) Medication / Resident Refusal  NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.  This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review on 12/14/2009, the facility failed to notify a physician when 1 of 5 residents refused a medication.(Resident #1 ).  Findings include Resident #1 refused medicine (Risperidone) every evening in the month of December to date. There is no documentation in the file that the resident's doctor was being notified of the refusal.  Severity: 2 Scope: 1	Y 883			

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